30 th Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN			_	CHECKLIST EFF D	ATE:	PAG	E
CONTRACTING OFFICER REPRESENTATIVE (CO		RATIN	G	1 OCTOBER 200	4	1 01	Ŧ 1
INSPECTION OFFICE/AGENCY G-8	UNI	İT	IN	SPECTOR'S NAME &	PHO	ONE	NUM
I	ГЕМ	l			YES	NO	NA
TASK: Formally appoint Contractive required.	cting Officer	's Repres	enta	tives (COR) as			
CONDITIONS: If a unit has a coappointed.	ontract a CO	R must b	e des	signated and			
STANDARD: USAREUR Regula	tion 715-3						
1. REFERENCES:							
a. Federal Acquisition Regula /far/current	tion (FAR) w	vebsite: 1	ittp:/	//www.gsa.gov			
b. USAREUR Regulation 715- Appointing Contracting Officer's Representatives, 13 Jun		, Training	r, Qu	alifying, and			
2. PURPOSE: Ensure that COR requirements.	ls are trained	d and ava	ilabl	e to support unit			
3. SPECIFIC QUESTIONS:							
a. Does the unit have any con	tracts for wh	hich they	are 1	responsible?			
b. Has the COR been appoint	ed by a Cont	cracting C	ffice	er?			
c. Is/are COR(s) appointed to	specific con	tracts?					
d. Has the request for COR a	ppointment l	been appi	cove	d by the AMSO?			
e. Is the COR authority restri CO and under no circumstances is this authority re otherwise?	-						
f. Is there an official COR app	ointment let	tter on file	e?				
NOTES:							
_							

30 th Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF D	ATE:	PAGI	Ε
RESOURCE MANAGEMENT	T/ BUDGET	RATIN	G	1 OCTOBER 200	4	1 01	F 3
INSPECTION OFFICE/AGENCY G-8	UNI	T	INS	SPECTOR'S NAME &	PHO)NE	NUME
I	ГЕМ	'			YES	NO	NA
TASK: Ensure proper fiscal accord	untability pr	ocedures	are	utilized			
CONDITIONS : The unit must ad maximize limited resources.	here to fisca	ıl account	ing p	procedures to			
STANDARD : IAW with the refer	ences listed	below					
1. REFERENCES: a. DFAS-IN Regulation 37-1, F	inance and A	Accountir	ng Im	plementation, JAN			
b. DFAS-IN Manual 37-100-XX	K, The Army	Managen	ent :	Structure, 4 AUG 03			
c. Joint Federal Travel Regulat Regulation (JTR) Volume 2, 19 AUG 04	tion (JFTR) V	olume 1	and J	oint Travel			
2. PURPOSE: Validate adherend maximize the limited Brigade resources.	ce to finance	and acco	ounti	ng regulations to			
3. SPECIFIC QUESTIONS:							
a. Are the references on hand	?						
b. Task: Ensure data file integree record conditions and perform all the official records. Also, reconcil records. Condition: Analysts show records to ensure obligations have the commitment ledger has been commitment ledgers been reconcil have been recorded in the account been adjusted accordingly?	reconciliation reconc	ons of not to contro commitmented in the cordingly. ation ledge	n-acc ol rec ent le e acc Que ers t	counting records to cords to detail edgers to obligation counting system and estion: Have to ensure obligations			
c. Task: Ensure data file integrated conditions and perform all the official records. Also, reconcil records. Condition: Bills register undelivered orders (UDOs) and adplace to reconcile open contracts	reconciliation reconciliation e subsidiary for open concounts paya	ons of not to contro tract valuable. Que	n-acc ol rec ies to stion	counting records to cords to detail o accounting a: Is a procedure in			
d. Task: Analyze the timeline liquidation dates). Condition: Con parameters may be accurate and additional managerial follow-up a Has the Resource Manager valida	ditions ident valid; howev ction and red	tified outs er, aged	side o recor	of established time ds may require			
AETV-MA JEUnobligated commitmen	ntsløver 1301d	avs old?					•

30 th Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN	ATE AREA:		G	CHECKLIST EFF D			
RESOURCE MANAGEMENT	I/ BUDGET	1011111		1 OCTOBER 200	4	2 01	. 3
INSPECTION OFFICE/AGENCY	UN	ΙΤ	INS	SPECTOR'S NAME &	PHO	ONE	NUM
G-8					1		
	ГЕМ				YES	NO	NA
d. Task: Ensure proper fund contransactions. Condition: Includes a (SDNs), Elements of Resource (EO: Obligation Data Codes (ODCs), and (AMSCOs). Question: Is the Resource	itilization of Rs), Account I Army Mana	Standard Processi gement S	Doci ng Co Struct	ument Numbers odes (APCs), ture Codes			
(1) Standard Document Num	bers?						
(2) Elements of Resource?							
(3) Account Processing Code	s?						
(4) Obligation Data Codes?							
(5) Army Management Struc	ture Codes?	Did unit	meet	the standard(s)?			
e. Task: Travel orders are comp Travel Regulation (JFTR)/Joint Trav managers should be familiar with t Are travel orders completed IAW th	el Regulatio he JFTR and	n (JTR). JTR Volu	Cond	ition: Resource			
f. Task: Program directors are retravelers. Condition: Travelers show of travel completion. Question: Do 15 days of travel completion and, if settlement voucher from the travel	ould submit s travelers su not, is docu	ettlemen bmit sett	t vou leme	chers within 15 days nt vouchers within			
g. Task: Program directors are travelers. Condition: Obligation an reimbursed directly to the traveler open more than one month after su Question: Do obligation amounts the directly to the traveler on the settle month after submission of the traveler.	nounts that i on the settle abmission of that include exement vouch	nclude er ement vou the trave ntitlemen	ntitlen ucher l clain t nor	ment normally will not remain m. mally reimbursed			
h. Task: Travel obligations show There should be no un-liquidated to condition exists, a written response settlement action is forthcoming. Of over 180 days old? If so, is there a showing that settlement action is for	ravel obligation of the transfer of the transf	ions over aveler is a any unliqu	180 requi uidat	days old. If this red to show that ed travel obligation			
i. Task: Age and examine all con exceptional unliquidated conditions identify and examine all aged (great abnormal or exceptional unliquidat Managers identified and examined obligations and abnormal or except	s. Condition ater than 180 ed condition all aged (gre	: Resourc days) co s. Questi eater thar	e Ma ntrac ion: F n 180	nagers should of obligations and Has the Resource days) contract			

30 th Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN	ATE AREA:			CHECKLIST EFF DA	ATE:	PAGI	E
RESOURCE MANAGEMENT	/ BUDGET	RATIN	G	1 OCTOBER 2004	4	3 OI	3
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO)NE	NUMB
G-8							
I	ГЕМ				YES	NO	NA
k. Task: The Resource Manager reviews are conducted in accordance Condition: The Resource Manager of and finance occur and corrections a	ce with DFAS ensures that	S IN 37-1 joint rev	, Cha iews	pter 28-14. between the RMO			
(1) Has the Resource Manage support of U.S.C. Title 31, Section 1		and con	ducte	d joint reviews in			
(2) Are all errors identified dedays?	uring the joi	nt review	s cor	rected within 60			
(3) Are memoranda and recommanner that facilitates subsequent				nintained in a			
l. Task: Negative Unliquidated I records are a serious adverse condiby the fund holder. Condition: Resounliquidated Balances/Disburseme researched, reviewed, and corrected	ition requiriource Manaç nts in the ac	ng aggres jers must counting	ssive ensu reco	research and review ire Negative rds are aggressively			
(1) Has the Resource Manage negative unliquidated obligations (I							
(2) Does the Resource Manag disbursements and NULOs are corr							
NOTE: Upon completion of this che Control Evaluation Certification Sta independent review conducted via identified and stating actions being	ntement. Ca CIP review, 1	an be con	plete	ed stating			
NOTES:							
	VER	IFICATIC	N				
	X			e. Name. Rank. Date			

30 th Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN			!	CHECKLIST EFF D	ATE:	PAG1	Ε
GOVERNMENT PURCHAS	SE CARD	RATIN	G	1 OCTOBER 200	4 1	l O F	3
INSPECTION OFFICE/AGENCY G-8	UN	IT	INS	SPECTOR'S NAME &	PHO	ONE	NUMB
I	ГЕМ				YES	NO	NA
TASK: Ensure that Approving Officerained, and maintaining the require			are	formally appointed,			
CONDITIONS : Validate Cardholde transaction register.	er's purchase	e procedu	ires a	and monthly			
STANDARDS: IAW with the refere	ences listed	below.					\dashv
1. REFERENCES:							
a. U.S. Army Contracting Comm Purchase Card (GPC) Program: http://www.usacce.army.mil/gpc/usa	-			e to Government			
b. Regional Contracting Office (Approving Officials (AOs).	(RCO), IMPA	.C Trainiı	ng for	Cardholders and			
c. Approving Official (AO) Instr Bankcard System.	uctions prov	ided to tl	ne AO	by the US Bank			
d. DoD IMPAC Card Website: ht	ttp://purchas	ecardsaa	lt.arr	ny.mil/default.htm			
e. DA IMPAC Card Website: htt	tp://www.asa	fm.army.	mil/fo	p/fod/aapcp/apop.asp			
f. Other website for IMPAC info	rmation: ht	tp://www	gsa.g	jov			
2. PURPOSE: Ensure that IMPAC to established procedures to elimin							
3. SPECIFIC QUESTIONS:							
a. Are the above references on	hand, on ord	der, or re	adily	available?			
b. Did the cardholder receive th certification:	ne required (GPC train	ing?	Date and location of			
c. Does the cardholder have wr	itten delegat	tion of au	thori	ty? Date issued:			
d. Did anyone other than the ca	rdholder use	e his/her	card?				
e. Does the cardholder know th	e procedure	s to repo	rt a lo	ost or stolen card?			
f. Did the cardholder receive th making GPC purchases?	e Approving	Officials	auth	orization prior to			
g. Did the cardholder documen	t and mainta	in GPC t	ransit	cion files?			
AFTV-WerEcone Akidal akadamen (hans	rtodian 20084A	.1 E C.	•	1 6 1	•		

30 th Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN GOVERNMENT PURCHAS	ATE AREA:		G	1 OCTOBER 200		PAGI 2 OF	
INSPECTION OFFICE/AGENCY G-8	UNI	IT	INS	SPECTOR'S NAME &	PHO	ONE	NUMI
r	ГЕМ				YES	NO	NA
i. Were the checking account au	ıdited on a q	uarterly	basis'	?			
j. Were closed accounts reporte	d to Bde and	l RCO?					
k. Does the cardholder maintair	n a GPC tran	sition log	?				
l. Does the cardholder reconcile log?	e the stateme	ent of acc	count	to the transaction			
m. Does the cardholder attach a the signed statement of account and forward to the Approvi	_			documentation to			
n. Has the cardholder failed to months?	use his/her c	ard with	in the	previous five			
o. Did the cardholder use the G	PC for const	ruction e	fforts	?			
PURCHASE OF NONEXPENDAB	LE EQUIPM	IENT					
a. Did the cardholder notify the	property bo	ok office	'hand	receipt holder?			
b. Did the equipment follow gui	delines outli	ned in D	A Pan	nphlet 25-1?			
c. Did the cardholder obtain an (IMAR) and Corps Acquisition Review Board (CARB) a		Manage	ment	Acquisition Request			
d. What is the cardholder's sing	le purchase	limit? _					
e. What is the cardholder's mon	thly spendin	ıg limit?					
f. Did the cardholder attempt to	go over his	spending	, limi	t?			
g. Did the cardholder split purc	hases to stay	y under t	heir p	ourchase limit?			
# purchases totaling \$	were/v	vere not	declii	ned in			
# purchases totaling \$	were/v	vere not	declii	ned in			
# purchases totaling \$	were/v	vere not	declii	ned in			
APPROVING OFFICIAL (AO)							
a. Did the Approving Official receptificate? Date and location of certification AETV-May Equipment 2006 Reducted medical contents and approximately content							

30 th Medical Brigade COMMAND INSPECTIO		ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN GOVERNMENT PURCHAS	NATE AREA:	RATIN	IG	CHECKLIST EFF D. 1 OCTOBER 200		PAG	
INSPECTION OFFICE/AGENCY G-8		T	INS	SPECTOR'S NAME &			
	TEM				VEC	NO	NIA
d. Report to the Agency Officia		er purch	ases?		IES	NO	INA
e. Report to the Agency Officia address, spending limit, merchant				ccount? (changes of			
f. Certify for payment in a time	ely manner to	prevent	late p	payment penalties?			
g. Follow up on any disputed tr	ransactions?						
h. Were there any unauthorized supply system, cash advances, ren lodging for those on TDY, travel tio	tal or lease o	f motor v	vehicle	es, meals, drinks or			
i. Were any cardholder account account delinquent for payment? I			se?10.	. Was the GPC			
j. Did the cardholder properly a Statement of account within the properly certify for payment the camanner (any late charges on the base).	prescribed 5 ardholders st	working atement	days? of acc	P12. Did the AO count in a timely			
NOTE: Upon completion of this che Control Evaluation Certification St independent review conducted via identified and stating actions being	tatement. Ca CIP review, 1	an be coi	mplete	ed stating			
NOTES:							
	VER:	IFICATIO	ON				
		POC Sig	natur	e, Name, Rank, Date			
Date		ector"s S	Signat	ure, Name, Rank,			

30 th Medical Brigade PA COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDINAT MANAGEMENT CONTROL PR	ΓE AREA:		G	1 OCTOBER 200		PAGI L OF	
INSPECTION OFFICE/AGENCY G-8	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUMI
ITE	M				YES	NO	NA
TASK: Ensure that Management Coragainst waste, loss, or misappropriation		edures aı	e in p	place to safeguard			
CONDITIONS: Validated that Mana utilized to minimize loss.	gement Co	ontrol Pr	ocedu	ires are being			
STANDARDS: IAW AR 11-2							
1. REFERENCES:							
a. Army Regulation 11-2, Army Pr 1994, Effective 1 Oct 94, Unclassified							
b. USAREUR Management Contro www.odcsm.hqusareur.army.mil/rmm							
c. HQ DA Functional Checklists (Fwww.asafm.army.mil/fo/fod/me/amced	-	sp)					
2. PURPOSE: Ensure Management safeguard against waste, loss, or miss			s are	inn place to			
3. SPECIFIC QUESTIONS:							
a. Are the above references on ha	and, on ord	der, or re	adily	available?			
b. Task: Delegation of authority as Unit Managers (AUMs) and Managen (MCPAs) have been officially delegate	nent Contr						
Question*: Is there local management control responsibilities and required (AUM) and Management.) Prompts:							
(1) Are all Assessable Unit Massubordinate commanders or Staff Prinadvised in writing of their appointments	ncipals as	determin	ned by	y the command)			
(2) Has a Unit MCP Administrated?	ator (MCP	A) or Poi	nt of (Contact been			
(3) Does the MCPA maintain a	listing of	all desig	nated	AUMs?			
(4) Have MCP POCs been esta MCPA monitor MCP implementation, problems?							
(5) Does the MCPA have a listi AETV-MB Form 1-201-R dated 1 Octo	ng of MCI	POCs?					

30 th Medical Brigade I COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDINA MANAGEMENT CONTROL F	ATE AREA:		G	CHECKLIST EFF DATE 1 OCTOBER 200		PAG 2 OF	
INSPECTION OFFICE/AGENCY G-8	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUM
IT	EM	•			YES	NO	NA
b. Task: Identify/locate/develop/conduct reviews required in current Checklists/alternate review tools may required, by reference b, in current checklists provided or alternate evan management controls? (Note: Webswww.apd.army.mil/pdffiles/rll.z.pdf) http://www.asafm.army.mil/fo/fod/may	t FY by refe ust be availa year. Ques luations me ites: Manag . Checklists	rence b. able for a stion*: Ar ethods ide ement C s at and r	Condull funte man	ition: ctional reviews agement control ed to test key I Plan at (http://			
c. Task: Insure Assessable Unit I Process Administrators (MCPAs) are provided training. Question*: Are managers and MCAs management control responsibilitie	e trained. C s trained in,	Condition and do t	: AUN	Is, MCPAs, must be			
(1) Are people new to the MC	CP identified	d and sch	edule	d for training?			
(2) Has a training program (f	formal or in	formal be	en es	tablished):			
(3) Is feedback requested/use	ed to revise,	/improve	traini	ing?			
d. Task: Comply with reference a Condition: All designated Assessabl their performance standards/agreen management control responsibility: commanders and managers down to	e Unit Mana ments. Que included in	agers (Al stion*: A performa	JMs) re exp ance a	must have MCP in plicit statements of agreements for			
e. Task: Establish schedule to re	view all app	plicable f	unctio	ons over a five-year			
period. Condition: Management Control Property required, supplemented to meet specific Question*: Is a Management Control describe how key management control (Note: Website: ODCSRM Homepage Prompts:	ecific unit re el Plan (MCI crols will be	equireme P) establi evaluate	nts/ui shed d ove	nique conditions. and maintained to r a five-year period?			
(1) Is USAREUR/V Corps Mareceived?	nagement (Control P	rocess	s Plan (MCPP)			
(2) Reviewed to determine if unique conditions)?	supplement	tation red	quirec	l (to meet command			
(3) Distributed to subordinat	e AUMs or A	AOs?					
f. Task: Conduct functional evaluation of the unit must be properly document evaluations conducted in accordance AFTVM ByForm 12201 By Cated th Oct	quired by reced. Questice with the N	eference on*: Are : ACPP an	b, wh manag	ich are applicable to gement control			

30 th Medical Brigade I COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDINA	ATE AREA:			CHECKLIST EFF D.			
MANAGEMENT CONTROL I	PROCESS	RATIN	G	1 OCTOBER 200	4 3	3 OF	4
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUME
G-8					1		
П	EM				YES	NO	NA
(b) Corrective action plan wi	th milestone	es establi	shed?				
(c) Materiality of the weakne material included in the Annual Ass			nager	and if determined			
g. Task: Senior Managers be aw Condition: Senior management awa reviews, internal/external audits an responsible official advised of poter weaknesses detected through mana sources?	re of all wead d inspection atial materia	aknesses ıs. Ques ıl	ident tion*:	ified from MCP Is the senior			
h. Task: Provide a Management Condition: Statement must be provi timely MCP Annual Assurance State (Commander/Acting Commander or HHQ? Prompts:	ded annuall ement, signe	y. Quest ed by the	ion: H senic	las an accurate and or AU Manager			
(1) Feeder input for statemen	nt received f	from all o	lesign	nated AUM?			
(2) Feeder statement MWs re	eviewed/con	sidered	for inc	clusion in Units?			
(3) Have all audit/inspection MWs?	reports bee	n screen	ed for	dentification of			
(4) Are all open MWs from p	rior year fol	low-ups/	close-	outs included?			
(5) Any newly identified MWs	s included?						
(6) Statements (feeder and u	nit) signed l	oy requir	ed inc	dividual?			
(7) Statements (feeder and u	nit) submitt	ed on tin	ne?				
i. Task: Monitor/track all MCP in required actions completed in a time be monitored/tracked until correction material weaknesses (included in stinternal) monitored/tracked to insure in a timely manner.	ely manner. ve actions catements or	Conditi ompleted conside	on: Al l. Que red	l weaknesses must estion: Are all			
j. Task: Communicate/distribute Information must be received/acces information/directives/information manner? Prompts:	ses/distribu	ted. Que	estion	: Is MCP			
(1) Unit MCPA has access/re	ceives MCP	informat	ion/di	irectives?			
(2) Information (from HHQ) AETV-MB Form 1-201-R dated 1 Oct	further disse	eminated - 10	thro	aghout the unit			

30 th Medical Brigade COMMAND INSPECTION		ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN MANAGEMENT CONTROL	ATE AREA:	RATIN	IG	CHECKLIST EFF DA		PAG	
MANAGEMENT CONTROL	PROCESS			1 OCTOBER 2004	-	4 OF	4
INSPECTION OFFICE/AGENCY G-8	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUM
G-8						ı	
I	ГЕМ				YES	NO	NA
k. Task: Demonstrate Command emphasis importance of internal co taken to clearly demonstrate Comm	ontrols (MCP). Quest	ion: H	lave actions been			
(1) Is the organization's comannually?	nmander brie	efed on tl	ne ove	rall program			
(2) Does the commander pro importance?	ovide written	/verbal e	empha	sis of MCP			
* Questions extracted from AR 11-2 Management Control Evaluation C		ent Conti	rols, A	ug 94, Appendix C,			
NOTE: Upon completion of this ch Control Evaluation Certification Stating independent review conducted via identified and stating actions being	atement. Ca CIP review, 1	an be coi	mplete	ed stating			
NOTES:							
	VER	IFICATIO	ON				
	X						
		POC Sig	natur	e, Name, Rank, Date			
	X		``				
Date	mspe	ector s s	signat	ure, Name, Rank,			

30 th Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN GOVERNMENT TRAVEL CHA	ATE AREA:	RATIN	G	1 OCTOBER 2004		PAG 1 0	
INSPECTION OFFICE/AGENCY G-8	UNI	I T	INS	DECTOR'S NAME &	PHO	ONE	NUM
I	ГЕМ				YES	NO	NA
TASK: Ensure that Account Procrequired records, and conducts monthly audits.	essing Clerk	cs (APC)	are tr	ained, maintaining			
CONDITIONS: Unit Governmen records.	t Travel Car	d (GTC)	APC :	maintains required			
STANDARD: IAW DOD regulation	on.						
1. REFERENCES:							
 a. DOD 7000.14/R, Department Regulation, Volume 9, Travel Policy and Procedures, 03 Aug 04 Government Travel Card. Annex A. http://www.dtic.mil/com/libbursement b. Travel technical msg 03-05 Disbursement http://www.asafm.army.mil c. Government Travel Charge www.asafm.army.mil under the control of the cont	vel , Chapter 3, Plus ptroller/fmr. dated Aug 0	Departm 3, Imple	nent o	of Defense			
"Travel Card" button.							
2. PURPOSE: Validate GTC pro	gram is man	aged IAV	V esta	ablished procedures			
a. Task: Distribute, receive, v Condition: All applications must be fully comple Agreement. Question*: For applications for the	ted, legible	and acco	mpan				
(1) Is the contractor's appl complete?	ication/card	holder ag	reem	ent accurate and			
(2) Does the APC retain a c	copy of each	new car	d appl	lication?			
(3) Is the appropriate State signed by both the applicant and their supervisor?	ement of Uno	derstand	ing ac	ccurate, complete and			
(4) Is the Statement of Und both the applicant and Atheir supervisor 201-R dated 1 Oc			. com	plete, and signed by			

30 th Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLIST				DATE OF INSPECTION					
FUNCTIONAL AREA/SUBORDINATE AREA: GOVERNMENT TRAVEL CHARGE CARD			G	1 OCTOBER 2004					
INSPECTION OFFICE/AGENCY G-8	UNI	T	INSPECTOR'S NAME &			PHONE NUM			
I	ГЕМ				YES	NO	NA		
(3) Are APCs trained on management of the program?									
c. Task: In/Out Processing Government Travel Charge Chardholders. Condition: Procedures must exit for in/out process Government Travel Charge Cardholders. Question: Are procedures in place to ensure that cardholders in/out process with the gaining/losing program coordinator?									
d. Task: Maintain current database/documentation of/for Government Travel Charge Cardholders. Condition: Database, documentation, cardholder listings must be available. Question*: Is the listing of cardholders kept up-to-date? (i.e., accounts of departed cardholders transferred or canceled, newly arrived cardholders picked up.)									
e. Task: Review monthly reports, monitor cardholder activities, implement action regarding any delinquency cardholders. Condition: Monthly accounts must be reviewed and actions taken concerning delinquent accounts, as required by below questions. Question*: For monthly reports from the contractor:									
(1) Is the ATM cash report reviewed to detect inappropriate cash withdrawals? (i.e., withdrawals not associated with official travel, or in excess of amounts required for official travel) Has action been taken to notify the cardholder/supervisor?									
(2) Is the card usage report reviewed to detect inappropriate/unauthorized retail charges? (i.e., charges not related to official travel) Has action been taken to notify the cardholder/supervisor?									
(3) Is the monthly delinquent cardholders? Has action been taken to notify the cardholder									
(4) Are the responses of sup corrective action is taken? Where supervisory action is not tal elevated up the chain of command?									
f. Task: Review records/reports of a card ConditionFdreviouslyBuspended/c									

30 th Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLIST				DATE OF INSPECTION						
FUNCTIONAL AREA/SUBORDIN GOVERNMENT TRAVEL CHA	ATE AREA:	RATIN	IG	1 OCTOBER 2004		PAGI 3 OI				
INSPECTION OFFICE/AGENCY G-8	UNI	Т	INS	PECTOR'S NAME &	PHO	ONE :	NUM:			
ITEM						NO	NA			
(a) Review Federal Policies a diem rates, numerous virtual libraries, and newsletters of	J			-						
(b) Check on favorable lodgi lodging value pages- negotiated rates etc, : http://www.g										
(c) 208th Finance Bn-TDY Chttp://www.208fb.mannheim.army.i		:								
*Question based/adapted, DOD 700 Management Regulation, Volume 9, Travel Policy and Proced Defense Government Travel Card. Plus Annex A. http://v	lures, 03 Aug	1 04, Cha	apter 3	3, Department of						
NOTE: Upon completion of this che Control Evaluation Certification Statement. Can be covia CIP review, reflecting any weaknesses identified	ompleted sta	ting inde	epend	ent review conducted						
NOTES:										
		LEICATIO								
	X	IFICATIO	JN 							
	Unit X	POC Sig	natur	e, Name, Rank, Date						
Date	Inspe	ector"s S	Signat	ure, Name, Rank,						